

My Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

I am the Representative of Adult Probation and Parole

In the ☐ District ☐ Justice Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

In Re Petition to Expunge the Records of

\_\_\_\_\_  
Petitioner

**Response by Adult Probation and Parole**

Case Number \_\_\_\_\_

Judge \_\_\_\_\_

(1) (Choose ☒ one.)

(A) ☐ Petitioner was not on probation or parole for the conviction identified in the petition.

(B) ☐ Petitioner was terminated from ☐ probation ☐ parole because:

---

---

---

---

---

(2) Petitioner has completed all requirements of (Choose ☒ all that apply.)

- ☐ sentencing
- ☐ probation
- ☐ parole

(3) Petitioner has not completed all requirements of (Choose ☒ all that apply.)

- ☐ sentencing
- ☐ probation
- ☐ parole

Petitioner still has to complete the following requirements:

---

---

---

---

---

(4) ☐ Response to further request by the court:

---

---

---

---

---

I have not included any non-public information in this document.

I declare under penalty of Utah Code Section 78B-5-705 that everything stated in this document is true and correct.

\_\_\_\_\_ Sign here ► \_\_\_\_\_  
 Date \_\_\_\_\_  
 Typed or Printed Name \_\_\_\_\_

### Certificate of Service

I certify that I served a copy of this Response by Adult Probation and Parole on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Petitioner)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Prosecuting Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Victim)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		

Sign here ► \_\_\_\_\_

Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_